UpShot

A publication of the Texas Department of State Health Sevices Immunization Branch

Second Quarter 2006

Evaluation of Tetravalent Meningococcal Conjugate Vaccine Effectiveness Reprinted from ama-assn.org, January 2006:

In January 2005, the Food and Drug Administration licensed a tetravalent (A, C, Y, W-135) meningococcal conjugate vaccine (MCV4) for prevention of invasive meningococcal disease in persons aged 11-55 years, based on immunogenicity and safety data only. In February 2005, the Advisory Committee on Immunization Practices (ACIP) of the Center for Disease Control recommended routine use of MCV4 among adolescents aged 11-12 years, before high school entry for those adolescents who have not previously received MCV4, college freshmen living in dormitories, and other populations at increased risk (i.e., military recruits, travelers to areas in which meningococcal disease is hyperendemic or epidemic, microbiologists who are routinely exposed to isolates *N. meningitidis*, patients with anatomic or functional asplenia, and patients with terminal complement deficiency).

Texas is among twenty states that will be collaborating with the CDC to conduct a case-control study to determine the efficacy of the MCV4. The study will enroll persons aged 11 or older and born on or after January 1, 1986 identified as having invasive meningococcal disease caused by a vaccine-preventable serogroup. Site coordinators at the Department of State Health Services (DSHS) will identify four controls for each case. Controls will be matched to cases by age and geographic area.
It is expected that 700 individuals will be enrolled (140 cases and 560 controls). The study is anticipated to take two years.

Please call (512) 458-7676 and ask for Barbara Scaife (extension 6545) or Neil Pascoe (extension 2358) at the Infectious Disease Control Unit for additional information or if you have questions.

Please note that invasive meningococcal disease is immediately notifiable to your local health department or the DSHS. Isolates of identified cases are required to be sent to the DSHS laboratory.

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2006 National Influenza Vaccine Summit

2006 National Influenza Vaccine Summit
Reprinted from http://www.ama-assn.org, January 2006

The 2006 National Influenza Vaccine Summit was held January 24-25, 2006, in Atlanta, GA, with 112 organizations represented and 226 persons in attendance. The Summit is an informal partnership co-sponsored by the Center for Disease Control (CDC) and the American Medical Association (AMA). Through its co-chairs, executive committee, and standing work groups, it seeks to address year-round issues related to the production, regulation, distribution, and administration of influenza vaccine.

The focus of this year's Summit was on vaccine supply and distribution issues. The Summit opened with a welcome and overview provided by J. Edward Hill, M.D., President of the AMA, and a keynote address by Julie Gerberding, M.D., Director of CDC. Next, Raymond Strikas, M.D., of CDC's National Immunization Program, summarized data from surveys conducted either by CDC or in collaboration with partners.

The purpose of the surveys, conducted in mid-to-late November, 2005, was to learn about the experiences of various types of providers in acquiring/administering influenza vaccine and of the general public in seeking influenza vaccination. Below are key points from the presentation:

- At least fifty percent in all provider groups reported they received more than forty percent of their orders, with the exception of Family Physicians (forty-three percent).
- More government providers — including state and local federal immunization grantees (eighty-six percent), and county and city health departments (seventy percent) — received more than eighty percent of their orders than providers in other groups [median fifty percent; range twenty-four percent to sixty-four percent].
- Those ordering from sources other than Chiron Corporation were more likely to report more than sixty percent of their order received.
- At least fifty percent of all provider groups reported that they referred priority group patients to other locations for flu shots due to inadequate vaccine supplies, with the exception of Pediatricians (thirty-nine percent) and Occupational Health Groups (twenty-five percent).
- Of the public surveyed, thirty-eight percent reported having received the vaccine, and ten percent had not yet been vaccinated, but intended to seek vaccination. Four percent tried to seek vaccination, but vaccine was not available. Forty-eight percent said that they did not plan to be vaccinated. These estimates are similar to those in 2003, when over eighty-three million doses of vaccine were distributed.

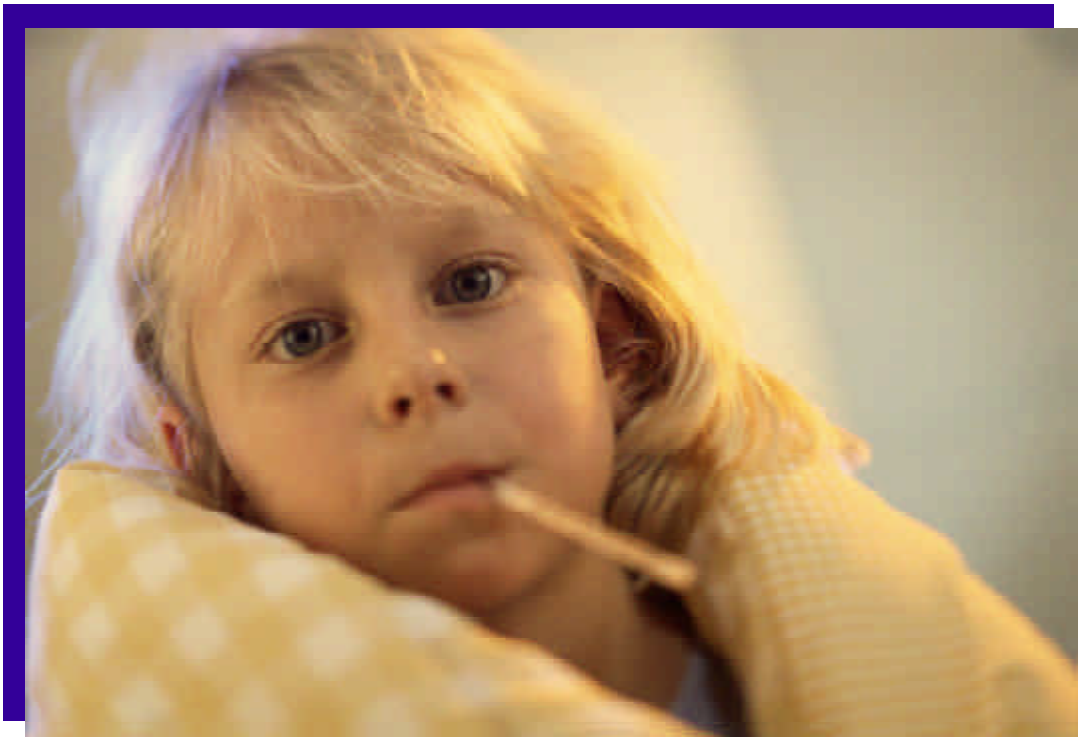
2006 National Influenza Vaccine Summit

continued

- Among those who received the flu shot, the locations where they were vaccinated included: doctor's office/HMO (thirty-nine percent), workplace (seventeen percent), other clinic/health center (ten percent), retail, e.g. grocery/pharmacy (ten percent), health department (eight percent), hospital (six percent), senior/recreation Center (four percent), other (four percent), and school (two percent).

During the Summit, participants identified supply and distribution issues experienced during the 2005-2006 influenza vaccination season. The influenza vaccine manufacturers, the Food and Drug Administration, the Healthcare Distribution Management Association, and the Health Industry Distributors Association offered their perspectives followed by extensive open discussion. Initial projections for the 2006-2007 season suggest as many as 120 million doses may be produced for the U.S. market, a substantial increase over the approximately eighty-six million doses produced in 2005.

Slides from the presentations, including Summit recommendations and proposed activities, are available at the AMA website at http://www.ama-assn.org/ama/pub/category/13732.html.



Immunization News Briefs

FDA Approves Rotavirus Vaccine

Reprinted from http://www.fda.gov, February 2006

The Food and Drug Administration (FDA) recently announced the approval of RotaTeq™, a live, oral, vaccine for use in preventing rotavirus gastroenteritis in infants. It is the only vaccine approved in the United States that can help protect against rotavirus, a viral infection that may cause diarrhea, vomiting, fever, and dehydration.

Infection with rotavirus is a leading cause of severe diarrhea in infants and young children in the United States and worldwide. CDC has estimated that rotavirus infection results in approximately 55,000 hospitalizations annually of infants and young children in this country. Death from rotavirus is rare in the United States. However, in developing countries, rotavirus gastroenteritis has been estimated to cause up to several hundred thousand deaths annually in infants and young children. To view FDA's press release on this topic, please visit http://www.fda.gov/bbs/topics/news/2006/NEW01307.html.

NIP Needs Pilot Testers

Reprinted from http://www.cdc.gov, February 2006

The National Immunization Program (NIP) has an ongoing need for volunteers to pilot test immunization training courses. Volunteers are particularly needed in the following occupations: physicians, pharmacists, health educators, medical assistants and nurses. To learn more about becoming a pilot tester, please send an email to nippilot@cdc.gov.

Read the 2006 *Pink Book*

Reprinted from http://www.cdc.gov, January 2006

The 9th Edition of NIP's textbook, "Epidemiology and Prevention of Vaccine-Preventable Diseases" (the Pink Book) has been completed and is now available online at http://www.cdc.gov/nip/publications/pink/default.htm.

The Pink Book provides immunization providers with comprehensive information about routinely recommended vaccines, vaccine preventable diseases and much more. Updates and corrections to the book will be made in the online edition as they occur. PowerPoint slide sets for each chapter will also be available online. A hard copy of the Pink Book can be purchased for $29 from the Public Health Foundation. To obtain order information, please visit http://bookstore.phf.orgproduct_info.php?cPath=45&products_id=463.

Parental Attitude About Immunizations

Compiled by Susan Belisle, RN, Immunization Branch, Pediatrics, February 24, 2006

Parental attitudes about influenza infection and immunization changed significantly during the 2003 to 2004 influenza season, with changes favoring increased parental acceptance of influenza vaccination for young children. During the season, parents of young children were highly exposed to media stories about influenza, and media messages might have contributed to changes in parental attitudes about influenza. However, in the setting of an intensively publicized influenza outbreak, a physician recommendation of vaccination remained an important predictor of influenza immunization.

Immunization News Briefs

continued

Preventing Tetanus, Diphtheria, and Pertussis Among Adolescents

Reprinted from MMWR, February 23, 2006

Recommendations of the Advisory Committee on Immunization Practices. During spring 2005, two Tetanus toxoid-diphtheria-acellular pertussis (Tdap) vaccine products formulated for use in adolescents (and, for one product, use in adults) were licensed in the United States. This report is a comprehensive source for specific information regarding the two new vaccines. Tdap vaccines do have some characteristics and usage differences, which this article addresses. To access, go to: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr55e223a1.htm?s_cid=rr55e223a1_e

Influenza Vaccination of Health-Care Personnel

Reprinted from MMWR, February 9, 2006

Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP). This report summarizes recommendations of the HICPAC and the ACIP concerning influenza vaccination of health-care personnel in the United States. These recommendations apply to HCP in acute care hospitals, nursing homes, skilled nursing facilities, physician's offices, urgent care centers, and outpatient clinics, and to persons who provide home health care and emergency medical services. The recommendations are targeted at health-care facility administrators, infection-control professionals, and occupational health professionals responsible for influenza vaccination programs and influenza infection-control programs in their institutions. To access, go to: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr55e209a1.htm?s_cid=rr55e209a1_e

A New Product (VariZIG) for Post-exposure Prophylaxis of Varicella

***Reprinted MMWR*, March 6, 2006**

Includes an article about an investigational product for varicella post-exposure prophylaxis or patients without evidence of immunity to varicella (i.e., without history of disease or age-appropriate vaccination) who are at high risk for severe disease and complications who have been exposed to varicella. To access, go to: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5508a5.htm

Influenza Virus Vaccine

Reprinted from http://www/fda.org, February 2006-2007

FDA's Vaccines and Related Biological Products Advisory Committee met in Bethesda, Maryland, on February 17, 2006, to select the influenza virus strains for the composition of the influenza vaccine for use in the 2006-2007 United States influenza season. During this meeting, the advisory panel reviewed and evaluated the surveillance data related to epidemiology and antigenic characteristics, serological responses to 2005/2006 vaccines, and the availability of candidate strains and reagents.

The panel recommended that vaccines to be used in the 2006-2007 season in the United States contain the following:

- An A/New Caledonia/20/99 (H1N1)-like virus;
- An A/Wisconsin/67/2005 (H3N2)-like virus (A Wisconsin/67/2005 and A/Hiroshima/52/2005strains);
- A B/Malaysia/2506/2004-like virus (B/Malaysia/2506/2004 and B/Ohio/1/2005 strains)

The influenza vaccine composition to be used in the 2006-2007 season in the U.S. is identical to that recommended by the World Health Organization on February 15, 2006.

National Infant Immunization Week
April 22- 29, 2006

National Infant Immunization Week
Article written by Markel Rojas, Department of State Health Services, Immunization, Public Information, Education & Training Group, Program Specialist

National Infant Immunization Week (NIIW) 2006 was observed April 22- 29, 2006, in conjunction with Pan American Health Organization's (PAHO) Vaccination Week in the Americas (VWA). Health Service Regions (HSRs) 8, 9/10 and 11 coordinated bi-national celebrations with the Office of Border Health while many other activities took place across the state.

The Texas focus during NIIW and the rest of the year is the completion of the fourth dose of DTaP on a timely basis and the reduction of the incidence of pertussis disease among older children, adults, and, specially, infants. This is very important: if all the recommended vaccines are not administered on a timely basis, the child is not fully protected. Approximately twenty one percent of children in Texas between nineteen and thirty six months have not completed the fourth dose of DTaP. This dose of the vaccine should be given between fifteen and eighteen months of age. According to Advisory Committee on Immunization Practices recommendations, the fourth dose of DTaP can also be given as early as twelve months, provided six months have elapsed since the third dose. Further, it is the fourth dose of DTaP that keeps Texas from attaining its immunization goal...it generally is only that one shot that is missing! If we could increase the number of children who receive this dose on a timely basis, the immunization levels in Texas would go up!

The increasing incidence of pertussis throughout Texas, indeed nationally, is an additional stimulus to increase our efforts in administering this vaccine. Pertussis is not just a disease of children and infants. Anyone, including older children and adults, can get pertussis. The symptoms in these groups are far less acute than in younger children and babies. However, older children and adults who have pertussis can give it to babies who may not have yet been vaccinated. Babies cannot be vaccinated with the first dose of DTaP until they are six weeks old. If the baby comes in contact with an older child or an adult who has pertussis, the baby can become infected, get sick, and potentially die. There were seven deaths in Texas in 2005 from pertussis, all under three months of age.

The Department of State Health Services (DSHS) Immunization Branch provided a media and materials packet to all health service regions and local health departments . The packet contained public service announcements for both television and radio, immunization literature, fact sheets, refrigerator magnets, as well as lapel pins with our immunization campaign logo: *"VACCINES: Build your child's health"*. Also included was a CD Rom containing graphic art for use by local health departments and other local organizations in their public education efforts.

National Infant Immunization Week

continued

ImmTrac prepared a list of all children, nineteen to thirty five months enrolled in ImmTrac, who have not completed the fourth dose of DTaP. Regional and local health departments used the lists to remind the parents of these children to take them to their doctor to complete the DTaP vaccine series.

DSHS Immunization Branch website has a web page dedicated to NIIW. The web page contains immunization education information, links to Center for Disease Control (CDC), PAHO, and a link to NIIW activity matrix for each health service region. The activities matrix was also part of the new CDC and PAHO web sites. If you would like to share photographs, clippings, etc., please send all of your activities to Markel Rojas, Program Specialist, at markel.rojas@dshs.state.tx.us to post them on our website and share them with our immunization partners.

Governor Perry signed a proclamation in observance of 2006 NIIW. This has been posted on the DSHS Immunization (NIIW) web page: http://www.dshs.state.tx.us/immunize/niiw/default.shtm.

For additional information regarding the materials packet and NIIW activities, please contact markel.rojas@dshs.state.tx.us or call 512.458.7111 extension 5451.

Vaccine Services Updates

**Articles written by: Karen Hess,
Vaccine Services Group, Manager**

Prefilled Syringes New Trend - Pneumococcal Conjugate Vaccine (PCV7)

Wyeth Pharmaceuticals, the manufacturer of Prevnar®, has notified the Texas Vaccines For Children (TVFC) program that they will be replacing the existing Prevnar® single dose vials with prefilled syringes (PFS) . Wyeth is not alone in its move away from producing single and multi-dose vials. Several manufacturers have either already begun producing prefilled syringes or have plans to do so in the near future. GlaxoSmithKline is already offering most of their vaccines in prefilled syringes, including the new Tetanus toxoid-diphtheria-acellular pertussis (Tdap). Sanofi Pasteur is using prefilled syringes for Tetanus Diphtheria toxoids (Td) with plans to expand prefilled syringes to other vaccines.

The Prevnar® syringes (NDC 0005-1970-50) will be available in packages of ten one-dose (0.5 ml) units and will be introduced in the near future as soon as the inventory of vials is depleted. Please note that with regard to Prevnar®, there are no changes to the storage requirements, dosing, and administration of the prefilled syringes as compared to the vials. The CPT code, 90669, will not change for prefilled syringes.

Many providers have expressed a preference for prefilled syringes over vials, noting the prefilled syringes save staff preparation and documentation time and increase accuracy and safety. As this trend becomes more prevalent and the option for vials is reduced, providers will need to consider the additional storage space needed in order to maintain equivalent vaccine inventories. High demand seasons, such as back-to-school and flu season, could pose a particular challenge with regard to space.

Prefilled syringes are not delivered with needles. Providers will need to purchase needles separately. This can be an advantage, as providers have the option to choose the needles for various vaccines and/or patients.

Providers will begin to receive more prefilled syringes as manufacturers make the conversion. The transition has already begun and is expected to continue over the next few years. It is important to be prepared with a sufficient number of needles and ensure storage space before the prefilled syringes begin to arrive.

If you have questions, please contact your TVFC or health service region consultant.

Vaccine Services Updates

continued

Expanded Influenza Recommendation

The Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC) have expanded the recommended age for routine influenza vaccination to all children aged six months through fifty nine months. Previously, the recommendation was for all children aged six months through twenty three months. There is no change to the recommendations to vaccinate older children who are at high-risk for complications of influenza disease.

The Texas Vaccines for Children Program (TVFC) recommends that remaining doses of vaccine from the current influenza season be administered to children who are under six years of age now where remaining inventories are available. As a reminder, children under 9 years of age that are previously unvaccinated for influenza should receive two doses of vaccine, administered at least one month apart. The ACIP also recommends that if a child less than nine years is receiving vaccine for the first time, and does *not* receive a second dose of vaccine within the same season, only 1 dose of vaccine should be administered the following season. Two doses are not required at that time.

A limited supply of preservative-containing and preservative-free influenza vaccine continues to be available through the TVFC and can be ordered with regular monthly orders. Anyone eighteen years of age or younger and at high risk may still be vaccinated with vaccine provided by the TVFC. Vaccine for the current year expires in June; providers will receive information regarding the proper disposal of remaining vaccine closer to the expiration date. Until that time, the vaccine is still viable. If you have questions regarding the influenza vaccine, please call your health service region or TVFC consultant.

Pertussis Protection in Texas

Article written by: Jack Sims,
Texas Department of State Health Services, Manager

During 2005, seven children in Texas died from pertussis disease. The children were all three months of age and younger. Now is the time to take action to ensure that children are protected from this disease.

Pertussis disease is circulating among our population, particularly among adults and adolescents. Now is the time to implement interventions to protect our youngest babies who either are too young for this vaccine or whose first dose has not had time to trigger the immune system to provide sufficient protection.

We can do more to protect these children by implementing the following strategies:

- Ensure that every child in Texas is age-appropriately vaccinated against pertussis disease. The diphtheria-tetanus-acellular pertussis (DTaP) vaccine is recommended to be administered at 2, 4, 6 and 15-18 months of age. A booster dose is recommended at 4-6 years of age. The fourth dose given at 15-18 months of age may be given as early as 12 months of age as long as six months have passed since the third dose.

- Adolescents and adults should receive tetanus-diphtheria-acellular pertussis (Tdap) vaccine to boost the immunity against pertussis disease that they received during their childhood series. Tdap vaccines were licensed during 2005 and are readily available.

- Obstetricians should educate pregnant females regarding immunizations, particularly pertussis disease.

- Birthing centers and pediatricians' offices must ensure that healthcare workers coming into contact with newborn babies and young infants are vaccinated to ensure they are not a source of transmission.

- No coughing adults should be around newborns and young infants unless they have been vaccinated and received a booster in the form of TdaP vaccine.

Immediate implementation of these interventions will reduce the opportunity that this highly infectious, dangerous disease will infect our most vulnerable babies.

Red Book® Online

Red Book® Online Table – *NEW*
Status of Licensure and Recommendations for New Vaccines*

Vaccine	Manufacturer	BLA submitted to the FDA	BLA age indications**	FDA licensure status	Status of AAP/CDC recommendations***
MCV4 (Menactra®)	sanofi pasteur	Dec-2003	11-55 years of age	Licensed 14-Jan-05	AAP: aappolicy.aappublications.org/cgi/content/full/pediatrics;116/2/496 CDC: www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm
		Supplement to original BLA March 2005	2-10 years of age	To be reviewed	Pending FDA licensure
Varicella virus second dose (Varivax®)	Merck	Supplement to original BLA: optional second dose	children 12 months to 12 years of age (3 month minimum interval)	Licensed 5-Apr-05	Recommended for outbreak control only Jun-05 ACIP: www.cdc.gov/nip/vaccine/varicella/varicella_acip_recs.pdf
Tdap (BOOSTRIX®)	GlaxoSmithKline (GSK)	Jul-2004	10-18 years of age	Licensed 3-May-05	AAP: www.aappolicy.aappublications.org/cgi/content/full/pediatrics;117/3/965 CDC: www.cdc.gov/mmwr/preview/mmwrhtml/rr55e223a1.htm?s_cid=rr55e223a1_e
Tdap (ADACEL™)	sanofi pasteur	Aug-2004	11-64 years of age	Licensed 10-Jun-05	AAP: www.aappolicy.aappublications.org/cgi/content/full/pediatrics;117/3/965 CDC Adolescent: www.cdc.gov/mmwr/preview/mmwrhtml/rr55e223a1.htm?s_cid=rr55e223a1_e ACIP Adult: www.cdc.gov/nip/vaccine/tdap/tdap_adult_recs.pdf
MMRV (ProQuad®)	Merck	Aug-2004	Same as for MMR dose 1 or dose 2; 12 months to 12 years	Licensed 6-Sep-05	CDC: www.cdc.gov/mmwr/preview/mmwrhtml/mm5447a4.htm
Hepatitis A (VAQTA®)	Merck	Supplement to original BLA	greater than or equal to 12 months	Licensed 15-Aug-05	ACIP: www.cdc.gov/nip/recs/provisional_recs/hepA_child.pdf
Hepatitis A (HAVRIX®)	GlaxoSmithKline (GSK)	Supplement to original BLA	greater than or equal to 12 months	Licensed 18-Oct-05	ACIP: www.cdc.gov/nip/recs/provisional_recs/hepA_child.pdf
Rotavirus (ROTATEQ®)	Merck	Apr-2005	2, 4, and 6 months of age	Licensed 3-Feb-06	AAP & ACIP Recommendations: Pending
Zoster vaccine (ZOSTAVAX™)	Merck	Apr-2005	older adults	To be reviewed	Pending FDA licensure
Influenza (FLUARIX™)	GlaxoSmithKline (GSK)	May-2005	18 years of age and older	Licensed 31-Aug-05	CDC: www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm
HPV (GARDASIL®)	Merck	Dec-2005	9-26 years of age (3 doses)	To be reviewed	Pending FDA licensure
HPV (Cervarix™)	GlaxoSmithKline (GSK)	TBD	Pending submission	Pending BLA submission	Pending FDA licensure
Hib/DTaP/IPV (PENTACEL™)	sanofi pasteur	Jul-2005	2, 4, 6, and 15 to 18 months	To be reviewed	Pending FDA licensure
CAIV-T	MedImmune	Possible submission first half 2006	6 months to 49 years	Pending BLA submission	Pending FDA licensure

For the latest update: http://aapredbook.aappublications.org/news/vaccstatus.shtml

Table updated 3/8/06

BLA = biologics license application, VRBPAC = Vaccines and Related Biological Products Advisory Committee, FDA = Food and Drug Administration
AAP = American Academy of Pediatrics, ACIP = Advisory Committee on Immunization Practices, MCV4 = Meningococcal conjugate vaccine
MMRV = measles, mumps, rubella, varicella, Tdap = Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, adsorbed
HPV = human papillomavirus vaccine, Hib = Haemophilus influenzae b, DTaP = Diphtheria, Tetanus and Pertussis, IPV = Inactivated Poliovirus Vaccine, CAIV-T = Cold adapted influenza vaccine-trivalent
* information from vaccine manufacturers, from ACIP meetings and from AAP
** age licensure can change following FDA review; not final until package insert approved

*** ACIP recommendations do not become official until approved by the CDC Director and Department of HHS and publication in MMWR

THE TRAINING CORNER

Article written by Kathryn Johnson, Texas Department of State Health Services, Training Coordinator

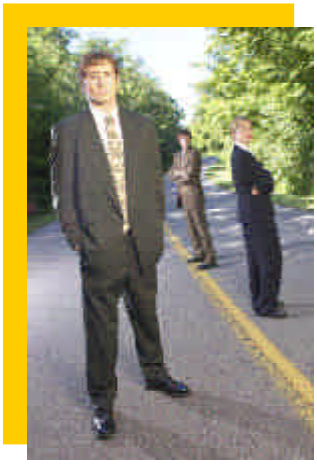
The Training Corner provides The Upshot readers with a series of articles designed to enhance their training, staff development, and public speaking knowledge for job enrichment.

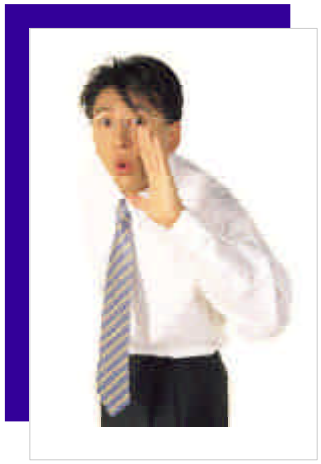
Presentations that Work: Five Ways Your Body Talks

By Kathryn Johnson

Research shows that over half of communication takes place nonverbally. When you talk, according to Toastmasters International, you express yourself in different ways using body language. This article is filled with tips on how to use body talk. The goal of this article is to explore five ways that your body talks to enhance effectiveness of your presentations. The five "body talks" are:

- Stance
- Movement
- Gestures
- Facial Expressions
- Eye Contact





Stance

A stance is a way of standing that indicates your "body attitude." Your body attitude should portray confidence and comfort. Strive to be poised, erect, and relaxed. Stand straight with one foot slightly in front of the other. Your feet should be slightly apart with weight evenly distributed on each foot. Your stance sends a message to your audience that you have something important or meaningful to say that they will want to hear. Look directly at individuals in your audience. You will build trust.

Movement

Body movement or changing your position or location during a speech is the broadest most highly visible kind of physical action you can perform. Walk from one place to another to provide your audience variety. This will help keep your audience interested. Your presentation begins at your first chance to use "body talk." Move from your seat to the podium with confidence. On the other hand, during the opening and closing of your presentation, you should stand still for a confident appearance.

THE TRAINING CORNER

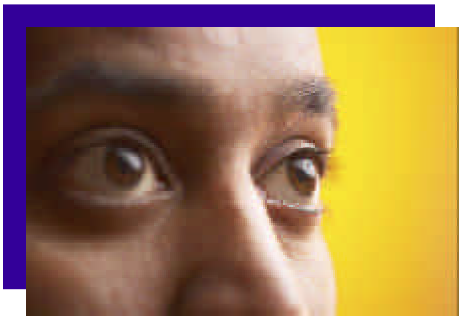
continued

Gestures

A gesture is a specific bodily movement that reinforces a verbal message or conveys a particular thought or emotion. Gestures should be made above your elbow and away from your body. Gestures vary from culture to culture, therefore be sensitive to your audience. Size, weight, shape, direction, and location can be demonstrated with hand gestures. To show urgency, hit your fist into your open palm. To make a comparison and contrast, move both hands in unison; to show similarities, move them in opposition to show difference. To show differences, move both hands in the opposite direction. Other gesture examples include: up and down head nod to indicate approval, open palms indicate generosity and caring. Move slightly before a verbal point for reinforcement.

Facial Expressions

To an audience, your facial expressions serve as a barometer of what you are feeling, what your message conveys and your interest in the topic and in the audience. Your facial expressions determine the meaning behind your spoken words. Facial expressions must be consistent with the feelings or information you are communicating. Your eyes, eye movements, eyebrows, and mouth play vital roles in showing sadness, fear, happiness, anger, frustration, nervousness, excitement, boredom, interest, wonder, exhaustion, aggressiveness, confidence, and uncertainty.



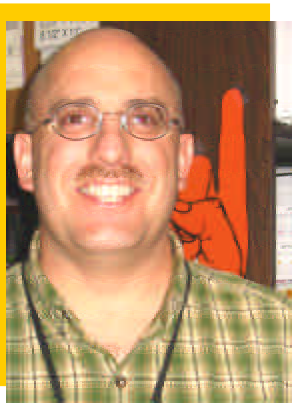
Eye Contact

Look directly at your listeners to convey confidence and poise. Eye contact plays a major role in how people perceive one another. A speaker should pay special attention to individuals in the audience. By looking at them, you command their attention. Don't simply gaze around the room. Look directly at one person until you finish a thought, then move on to another person. Make eye contact randomly throughout the room and avoid moving your head from side to side like an oscillating fan.

In Conclusion

For your presentations to have greater impact, you must understand how your body talks. Your stance, movement, gestures, facial expressions, and eye contact play a vital role in how you convey messages to your audience. Dr. Ralph C. Smedley, the founder of Toastmasters International, wrote, "The speaker who stands and talks at ease is the one who can be heard without weariness. If his posture and gestures are so graceful and unobtrusive that no one notices them, he may be counted truly successful." Use your body as a presentation tool to speak as well as your words.

New Employee Corner

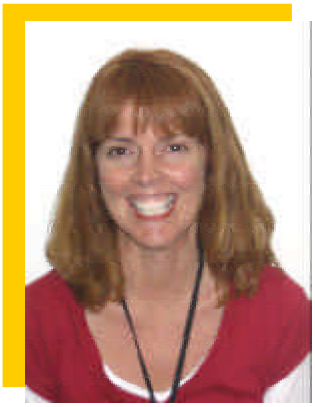


Before working for the DSHS, John Gemar was on active duty with the United States Air Force for 24 years as a medical technician, instructor, clinic manager/superintendent, family preparedness manager, and patient relations coordinator. He retired June 30, 2005 from his last duty station, Travis Air Force Base in Northern California.

His new job with DSHS is as a TFVC Consultant with the Vaccine Services Group. He works with Health Service Regions 9/10 and the city of Houston coordinating quality assurance activities, vaccine ordering/management, and provider reenrollments. He also supports TVFC recruitment activities, provider training and education, and the Clinic Assessment Software Application for his regions.

John has managed to stay married for the past 20 years with his wonderfully supportive wife, Charlotte. They have one fantastic daughter, Heather, who is married to Jason a great son-in-law and father. They also have three beautiful grandchildren, Emma, age 7, Tyler, age 4, and Anna, age 2. He was very fortunate to spend most of his military career at home with his family. They traveled a good portion of the United States and continue to travel.

Charlotte and John enjoy traveling, especially on their Harley. They also support their grandchildren with their soccer, t-ball, gymnastics, cheer leading, and other activities. John is very happy and proud he was chosen to become a team member in the Vaccine Services Group at DSHS. He looks forward to meeting and working with everyone on the DSHS team.



Sharon Rose Slater is very pleased to join the Texas Immunization Branch in Austin as a Center for Disease Control (CDC), Public Health Advisor, transferring from the New Hampshire Immunization Program. This is a homecoming for Sharon, who grew up in El Paso and graduated from University of Texas, Austin. Previously, Sharon worked in international development in the area of maternal and child health and nutrition, with PSI, a social marketing organization, and UNICEF, an aid agency, to improve the health and well being of economically-vulnerable people in developing countries. Sharon will work closely with Mark Ritter, the CDC's Senior Public Health Advisor, supporting development of the grant application, budgeting, reporting, allocation tracking and contracting. She will also provide support for the Branch's efforts in a number of programmatic areas, such as the roll out of new vaccines for adolescents.

The *UpShot Online* is published quarterly by the Texas Department of State Health Services Immunization Branch. To submit your comments and suggestions or to be notified by e-mail when the next issue is posted, please contact jeanne.jamail@dshs.state.tx.us. For instructions on how to submit articles, please call (512) 458-7111, extension 6266.

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